

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 B.—In case of more than one child of a birth, a SEPARATE RETURN must be made, for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 210
 Registered No. 342

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Carmen Narez

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Oct. 28, 1920 Month Day Year

8. FATHER

Full name Miguel Narez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Michocan
 (State or country) Mex.

13. Occupation
 Nature of Industry Miner

14. MOTHER

Full maiden name Josepha Herrera
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 41 (Years)

18. Birthplace (city or place) Michocan
 (State or country) Mex.

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7
 (b) Born alive but now dead 6
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 120 A. M. on the date above stated
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 13, 1920 C. B. Drin
 Registrar Registrar

359-1028-181